									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
Effective October 1, 2003										10	139	8मेतन	
	•	CLAIMS A	S FILED - PART I: (Column 1) (C			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			23					RATI	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			19/minus 20=		* 8			X\$ 9	=		OR	X\$18=	* . ,
INDEPENDENT CLAIMS			3_minus 3 =		*			X43=			OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	+290=	-
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			ļ	TOTA	۸L		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										<u> </u>	1	OTHER	
		(Column 1)	(Column:2)			(Column 3)	umn 3) SMAI			ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			OR	X86=	
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		1	+145:				+290=	
							I	TOT			OR	TOTAL	
	(Column 1) (Column 2) (Column 3)								EE		OR	ADDIT. FEE	
		CLAIMS		HIGH	EST	(Column 3)	l r		П	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	,	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=	
	Independent	* .	Minus	***	01.4114	-		X43=			OR	X86=	
	FIRST PRESE	ILTIPLE DEP	ENDENT	CLAIM.		1	+145=			OR	+290=		
							L	TOTA				TOTAL	•
	(Column 1) (Column 2) (Column 3)										, ,	ADDIT. FEE	
	\	CLAIMS		HIGHE	ST		lг		7	ADDI-	1	4	ADDI-
AMENDMENT C	:	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**		= .	:	X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=			OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		╵┟		+				
to the protection polyment to long their the potential polyment of with 107 in polyment										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					r four	nd in the	appı	ropriate box	in col	umn 1.	